

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/786865

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
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| 47 | 1 | | | | | |
| 48 | | 1 | | | | |
| 49 | 1 | | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

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|-----------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | 1 | | | | | |
| 52 | | 1 | | | | |
| 53 | 1 | | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
| 57 | | 1 | | | | |
| 58 | 1 | | | | | |
| 59 | | 1 | | | | |
| 60 | | 1 | | | | |
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| 100 | | | | | | |
| TOTAL IND. | 9 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 52 | ← | | ← | | ← |
| TOTAL CLAIMS | 61 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS